

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68-042625

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 360

Primary Registration District No. -6212

Registrar's No. 199

STATE FILE NUMBER

OCT 29 1963

1. PLACE OF DEATH

a. COUNTY **Vernon**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Schell City**

Length of stay in 1b
20 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Bacon Township**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Vernon**

c. CITY OR TOWN **Schell City**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Mary Ann Heim

4. DATE OF DEATH
Month Day Year
October 19 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
11/25/1900

9. AGE (last birthday)
62 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (City and state or country)
Springfield, Mo.

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

John P. Muse

13b. MOTHER'S MAIDEN NAME

Maggie

14. NAME OF HUSBAND OR WIFE

Omer Ernest Heim

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No none

16. SOCIAL SECURITY NO.
[REDACTED]

17. INFORMANT
Address
Omer E. Heim Schell City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Inanition and Debility
Inanition and Debility
Chronic Stenosis of Pylorus
Chronic Stenosis of Pylorus
Chronic Duodenal Ulcer
Chronic Duodenal Ulcer

INTERVAL BETWEEN ONSET AND DEATH
weeks

Months

Years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **10-12-63** to **10-19-63** and last saw her alive on **10-19-63**
Death occurred at **12:50** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Ernest Bunt Os.

22b. ADDRESS
Schell City, Mo

22c. DATE SIGNED
10-20-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
10/21/1963

23c. NAME OF CEMETERY OR CREMATORY
Ash Grove Cemetery

23d. LOCATION (City, town, or county) (State)
Ash Grove, Missouri

24. FUNERAL DIRECTOR

Lewis & Son Schell City, Mo.

25. DATE RECD. BY LOCAL REG.
10-25-1963

26. REGISTRAR'S SIGNATURE
Anna E. Jerry

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1080

21080

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9541.0

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1290-2

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John E. Lewis

Licensed Embalmer No.

4774

P.O. Address

Schell City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.